

ATTORNEY, AUTHORIZED REPRESENTATIVE, OR PARTY WITHOUT ATTORNEY (Name, Address, and Telephone):	<i>For ODL use only:</i>
STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS	
In the matter of the Request for Review of: <div style="text-align: center;"> Requesting Party, vs. Enforcing Agency. </div>	
SUBPOENA FOR PERSONAL APPEARANCE AT HEARING ON MERITS (Rule 35)	Case No.: _____ - PWH

THE PEOPLE OF THE STATE OF CALIFORNIA, TO *(name, address, and telephone number of witness, if known):*

- 1. YOU ARE ORDERED TO APPEAR AS A WITNESS in this action at the date, time, and place shown in the box below UNLESS you make an agreement with the person named in item 2:**

a. Date: _____	Time: _____
b. Address (include room number): _____	

- 2. IF YOU HAVE ANY QUESTIONS ABOUT THE TIME OF YOUR APPEARANCE OR TO CONFIRM IN ADVANCE THAT YOUR PRESENCE IS NEEDED, CONTACT THE FOLLOWING PERSON:**

a. Name or Subpoenaing attorney or party: _____ b. Telephone number: _____

- 3. Witness Fees:** You are entitled to witness fees and mileage actually traveled both ways, as provided by law, if you request them before your scheduled appearance from the person named in item 2.

DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHABLE BY MONETARY AND CONTEMPT SANCTIONS IMPOSED BY THE HEARING OFFICER AND ENFORCED BY THE SUPERIOR COURT.

Date: _____

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 (Print or Type Name and Title of Person Issuing Subpoena)

 (SIGNATURE)